



SEMINOLE NATION  
HIGHER EDUCATION  
SCHOLARSHIP APPLICATION

# SEMINOLE NATION –HIGHER EDUCATION

“PLEASE READ”

Dear Student,

The Seminole Nation of Oklahoma is pleased to receive your inquiry regarding the BIA Higher Education Scholarship Grant. Attached is an application for your use that must be completed and returned to the Seminole Nation Higher Education Department.

Please read the Seminole Nation Higher Education handbook, before filling out the application.

Please review that the checklist to ensure all required documents are included with your application. Forms that are not completed filled out will not be processed.

All students are required to carry a minimum of six credit hours with a cumulative GPA of 2.50. Failure to maintain the minimum GPA will result in probation or suspension from the program until the required GPA is obtained.

After verification of the student's enrollment status and need analysis is complete and all required documents are submitted by the deadline, the award will be mailed to the college or university if funds are available.

Please be aware that it does take some time to process an application. Notification to the student is made as soon as possible after the college/university verifies the student is eligible for assistance.

CLOSING DATE FOR FALL TERM \*\*\* SEPTEMBER 14

CLOSING DATE FOR SPRING TERM \*\*\* FEBRUARY 14

Sincerely,

\*IF FUNDS ARE AVAILABLE\*

Clara Keawphalouk, M.S.

Higher Education Coordinator



SEMINOLE NATION OF OKLAHOMA – BIA SCHOLARSHIP GRANT

\_\_\_ NEW APPLICATION \_\_\_ RENEWAL APPLICATION \_\_\_ FALL \_\_\_ SPRING YEAR \_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ BAND: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT STATUS: Full-time (12 or more credits): \_\_\_\_\_ Part-time (# of credits): \_\_\_\_\_

CLASSIFICATION: \_\_\_ FRESHMAN \_\_\_ SOPHOMORE \_\_\_ JUNIOR \_\_\_ SENIOR \_\_\_ MASTERS \_\_\_ DOCTORAL

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

Type of degree you expect to receive (circle): **AA AS BA BS BBA MA MS MBA JD Other:** \_\_\_\_\_

Indicate credit hours earned to date: \_\_\_\_\_ Year and Month you expect to graduate: 20\_\_\_\_ Month: \_\_\_\_\_

**STUDENT E-MAIL ADDRESS:** \_\_\_\_\_

**NOTE:** All Seminole Nation Higher Ed correspondence will be sent to this email address. Students will need to check their e-mail regularly to guarantee receipt of correspondence. \* If you do not have an e-mail address please specify above.

**STUDENT CONTRACT:** I hereby certify that the above information is true to the best of my knowledge and I declare that I will use any funds I receive under the Seminole Nation BIA Grant for expenses connected with attendance at the school listed above. I also agree to furnish grades for the previously funded term for program compliance. I have read the Seminole Nation Higher Education Handbook.

**SIIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*MAXIMUM FUNDING FOR STUDENTS WILL BE 150 HOURS CREDIT HOURS TAKEN**

**\*\*\*\*\* SCHOLARSHIPS ARE BASED ON AVAILABLE FUNDS\*\*\*\*\***

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

## AUTHORIZATIONS TO RELEASE INFORMATION AND PRIVACY STATEMENT

(PLEASE PRINT)

STUDENT: LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I hereby authorize the Seminole Nation Higher Education Department to release my information to the following individual(s).

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### STATEMENT ON PRIVACY (Allows Higher Education to send records and forms to colleges)

The Seminole Nation of Oklahoma Higher Education program operates the general authority of the 25 USC 1: 42 Stat. 208 P.L. 67-85, with specific regulations contained in 25 CFR, Subchapter E, Part 40, Administration on Education Loan, Grants and other assistance for Higher Education. In accordance with accountability require for the administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of the collecting and maintaining this data on individuals is for determining eligibility for the applicant and to provide the means for producing certain statistical records required by this office, specifically, the release of term grades and transcripts to The Seminole Nation Higher Education Department. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education assistance under this program.

I have read the statement of privacy with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I understand that I must furnish the grades for the previous funded term for compliance before the next term award is process.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMINOLE NATION OF OKLAHOMA

HIGHER EDUCATION STUDENT AGREEMENT

.....

1. All students are required to submit official grade reports, as issues by the college or university, for each term funded to the scholarship office.
2. All students are required to carry a cumulative GPA of **2.50** and be enrolled in at least six credit hours.
3. After notifying a student for not meeting academic requirements', they are placed on academic probation for the following term.
4. Student's failure to meet academic requirement shall result in suspension form the scholarship program.
5. Student's suspended from the scholarship program shall not be considered for future funding until they have a cumulative GPA of 2.50
6. Student will submit an enrollment schedule for each term.

When a student, pursuing a first time degree, cannot complete either a four or five year baccalaureate degree program, or students who cannot complete the associates degree requirements within two academic years, must submit transcripts of grades and program plans to this office (Seminole Nation Higher Education Department) for review. A determination about the student's eligibility for an extension to complete a degree will be made and notification sent. In no case shall the extension exceed one academic year beyond the program plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SEMINOLE NATION OF OKLAHOMA FINANCIAL AID FORM

## PART 1- To be completed by STUDENT

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

YEARS IN COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

Please send the necessary application for college administered financial aid. I give permission for the College/University to release financial and academic information to the Seminole Nation Higher Education Department. The Seminole Nation Higher Education department will need financial aid information listed in PART II before any action to be taken on the application. When all necessary information is on file in your office please complete and forward this form to:

**Seminole Nation of Oklahoma, ATTN: HIGHER ED DEPT. P.O BOX 1498, Wewoka, OK 74884**

Phone: 405-257-7263

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL STUDENTS ARE REQUIRED TO APPLY FOR OTHER SOURCES OF FUNDING AVAILABLE THROUGH FINANCIAL AID OFFICE.**

## PART II- To be completed by the FINANCIAL AID OFFICER

This student has applied to the Seminole Nation Higher Education Office for a scholarship. Verified financial need is requested through your office before any action can be taken on this application. Please complete and forward this form to the above address. Thank you for your assistance.

\_\_\_ Student has not applied for financial aid, need cannot be determined. \_\_\_ Student applied late; therefore will not be considered for funding \_\_\_ Student's application is incomplete \_\_\_ Funds are exhausted at this institution.

Student considered \_\_\_ INDEPENDENT \_\_\_ DEPENDENT School is on: \_\_\_ SEMESTER SYSTEM \_\_\_ QUARTER SYSTEM

\$ \_\_\_\_\_ tuition, \$ \_\_\_\_\_ fees, \$ \_\_\_\_\_ Room/board, \$ \_\_\_\_\_ books, \$ \_\_\_\_\_ travel, \$ \_\_\_\_\_ MISC. **TOTAL COST: \$ \_\_\_\_\_**

**STUDENTS RESOURCES/INSTITUTIONAL AWARDS** \_\_\_\_\_ Parental funds. \_\_\_\_\_ Student Spouse funds. \_\_\_\_\_ AFDC Welfare \_\_\_\_\_

Soc. Sec. \_\_\_\_\_ State Grant \_\_\_\_\_ Native American Scholarship \_\_\_\_\_ SEDC \_\_\_\_\_ PELL GRANT \_\_\_\_\_ SCHOOL LOANS \_\_\_\_\_

C.W.S. \_\_\_\_\_ VOC-REHAB \_\_\_\_\_; Other Scholarships \_\_\_\_\_ **TOTAL RESOURCES \$ \_\_\_\_\_**

Recommend Seminole Nation Award Student: \_\_\_\_\_

(PRINT) FINANCIAL AID OFFICER \_\_\_\_\_ FINANCIAL AID SIGNATURE \_\_\_\_\_

Business office address: \_\_\_\_\_ CONTACT # \_\_\_\_\_

# Seminole Nation Higher Education – Hardship Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Brief description of problem/request (circle one):

[illegible]

- 1. Please attach all required documentation ( refer to student handbook)**
- 2. The Seminole Nation Higher Education department shall, within 30 working days from the date of receipt of the hardship form, make contact with the student.**
- 3. Any appeal will go the administrative appeal board.**

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



Seminole Nation of Oklahoma – Higher Education Department

P.O. BOX 1498 Wewoka, OK 74884

**\* PLEASE INITIAL EACH BLANK SPACE\***

Please ensure that the original application is complete including all requirements listed below by initialing the blank space next to the required document. Incomplete forms that are not completely filled out will not be processed.

\_\_\_\_\_ ORIGINAL APPLICATION

\_\_\_\_\_ COPY OF SEMINOLE NATION TRIBAL MEMBERSHIP CARD

\_\_\_\_\_ COPY OF CDIB

\_\_\_\_\_ AUTHORIZATION TO RELEASE INFORMATION AND PRIVACY STATEMENT

\_\_\_\_\_ HIGHER EDUCATION STUDENT AGREEMENT \_\_\_\_\_ HIGH SCHOOL/GED or COLLEGE TRANSCRIPT

\_\_\_\_\_ FINANCIAL AID FORM SIGNED BY FINANCIAL AID OFFICER \* can be mailed or fax

**\*\*NO MONIES WILL BE RELEASED UNTIL SIGNED FINANCIAL AID FORM IS ON FILE WITH THE SEMINOLE NATION HIGHER EDUCATION DEPARTMENT\*\***

\_\_\_\_\_ ENROLLMENT SCHEDULE

**\*\*\*PLEASE READ\*\***

I have read the Seminole Nation Higher Education Handbook. I do understand that it is my responsibility to submit an official transcript at the end of each semester to maintain eligibility on the higher education program. Transcripts should include: Hours earned; GPA; Class schedule for the following semester to be used for enrollment verification.

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_